REPORT OF RECEIPTS AND DISBURSEMENTS 2021 Annual Report



Name of Candidate <u>Casey Eure</u>	Secretary of State Capitol Office
Address 11839 Sleeping Decr. Ln City/State/Zip Squcier	M5 39574
Telephone (Work) 228-297-2849 (Home) (Fax)	
Contact Name <u>Casey Eure</u> Email Address <u>Ceure 7</u>	Ogmail, Com
Office Sought House Dist. 116	
Check here if above information is different from previous report	
TYPE OF REPORT	
Monday, January 31, 2022 (January 1, 2021 through December 31, 2021)	Annual Report
Termination Report (Candidate will no longer accept contributions, make campaign expenditur has no outstanding campaign debt obligation)	Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2021 filing 2021 Periodic Reports and have not filed a Termination Report prior to December 31, 2021, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2021 CASH ON HAND BA	ALANCE		\$ 37, 795, 52
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2021 CASH ON HAND I	BALANCE		\$ 37,795, 52

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN. 1, 2021 CASH ON HAND BA	ALANCE		\$ 36,689,17
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 20,500,00	\$ 0	\$ 20,500.00
TOTAL AMT OF DISBURSEMENTS	\$ 6,054, 12	\$ 3,769,93	\$ 9,824,05
DEC. 31, 2021 CASH ON HAND I	BALANCE		\$ 47, 365, 12

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-31-22

Authority Miss. Code Ann. \$23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

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Name of Candidate or Committee Casey Eure Campaign

Reporting period 1=121 through 12-31-21

Other (please specify) Other (please specify) Occupation (Required) C. Source: Occupation (Required) C. Source: Occupation (Required) Occupation (Required) Occupation (Required) C. Source: Occupation OPAC Official Oldan Other (please specify) Full name Island Use W Casino Mailing Address Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) PAC Official Opac Official Oldan Occupation (Required) Occupatio			
Full name Meth falace Casino	0.00		receipt
Mailing Address		(Wio., Day, Tear)	
City, State, Zip Code Cocupation (Required)	New Palace Casino	<u>819121</u>	500.
City, State, Zip Code R. Source: Occupation (Required) R. Source: Occupa	() - 0	a'	\$
Name of Employer (Required) Occupation (Required) B. Source: Occorporation OPAC OIndividual OLoan Other (please specify) Mailling Address PO BOX 327 City, State, Zip Code Other (please specify) Mailling Address PO Box 327 C. Source: Occorporation OPAC OIndividual OLoan Other (please specify) Mailling Address PO Box 327 C. Source: Occorporation OPAC OIndividual OLoan Other (please specify) Mailling Address PO Box 327 C. Source: Occorporation OPAC OIndividual OLoan Other (please specify) Full name L S C C C C C C C C C C C C C C C C C C	City, State, Zip Code	''_	\$
B. Source: Corporation PAC OIndividual OLoan Other (please specify) Pull name PORO 327 City, State, Zip Code Other (please specify) Mailing Address PORO 327 City, State, Zip Code Other (please specify) Mailing Address PORO 327 City, State, Zip Code Other (please specify) Mailing Address Occupation (Required) PAC OIndividual OLoan Other (please specify) Mailing Address Occupation OPAC OIndividual OLoan Mailing Address Occupation (Required) Date (Mo, Day, Year) S Occupation (Required) S OCCUPATION (Required) Date (Mo, Day, Year) S OCCUPATION (Required) Other (please specify) Mailing Address Other (Please specify) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAMPLE AND ON Amount of each receipt (Mo, Day, Year) S OCCUPATION (Required) OTHER SAM	Name of Employer (Required)	//	\$
B. Source: Corporation PAC OIndividual OLoan Other (please specify) Pull name Fitz Casino Mailing Address PO BOX 327 City, State, Zip Code Other (please specify) Name of Employer (Required) Date (Mo, Day, Year) S Lood Of Mailing Address Poccupation (Required) Date (Mo, Day, Year) S Lood Of Mailing Address Other (please specify) Pull name Signature (Mo, Day, Year) S Amount of each receipt this period S Lood Of Mailing Address Occupation (Required) Date (Mo, Day, Year) S Amount of each receipt this period S Lood Of Mailing Address Occupation (Required) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) D. Source: Occupation (Required) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) D. Source: Occupation OPAC OIndividual OLoan Other (please specify) S Amount of each receipt this period S Amo	Occupation (Required)		\$ 500,00
Other (please specify) Full name Fitz Casino Mailing Address PO BOX 327 City, State, Zip Code Robin Sonville MS 38669 C. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) Full name Full name Date (Mo, Day, Year) S 1,000 Of Aggregate year-to-date Mo, Day, Year) Amount of each receipt this period Full name S 19/21 S 1,000 Of Amount of each receipt this period S 19/21 S 1,000 Of Amount of each receipt this period Full name City, State, Zip Code Guiffort MS 39502 Name of Employer (Required) D. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) D. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) Full name Full name City, State, Zip Code Mailing Address D. Source: Ocorporation OPAC Oindividual OLoan Other (please specify) Full name F	B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Agregate S OCCUpation (Required) O	Other (please specify)	(Mo., Day, Year)	
Mailing Address O		819121	\$ 1,000 06
Robin Sonville MS 38669 Name of Employer (Required) Occupation (Required) Occupation (Required) C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Mailing Address OCcupation OPAC Oloadividual OLoan Occupation (Required) Date (Mo., Day, Year) Mailing Address OCcupation OPAC Oloadividual OLoan Other (please specify) D. Source: Ocorporation OPAC Oloadividual OLoan Other (please specify) Full name Full name Full name Full name Coccupation (Required) D. Source: Ocorporation OPAC Oloadividual OLoan Other (please specify) Full name Full n	Mailing Address PO RAY 3 2 7	_/_/_	\$
Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Full name Ls/and view Casino Mailing Address Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Full name Cocupation (Required) Occupation (Required) Aggregate year-to-date S/OUD 00 Aggregate year-to-date	City, State, Zip Code MS 38664	·//	\$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Islandure W Casino Mailing Address Name of Employer (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Mailing Address Other (please specify) Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Mailing Address Mail	Name of Employer (Required)		\$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Island View Casino Mailing Address) Name of Employer (Required) Coty, State, Zip Code Other (please specify) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Mailing Address Other (please specify) Mailing Address Island View Casino Signature	Occupation (Required)		\$ 1 000,00
Full name		Date	receipt
Mailing Address Solution Sol	Full name — 1 1	819121	\$ 1 111 00
Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC Olindividual OLoan Other (please specify) Full name Comparison Comparison	Mailing Address A ROY 1600		\$
Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name remier Entertainment LLC Mailing Address 1380 Warrenton Rd City, State, Zip Code VICKS burg MS 39180 Name of Employer (Required) Source: Occupation (Required) Aggregate \$ / 000 0 0 Amount of each receipt this period 8 / 28/2/ \$ 500 00 -/_/_ \$ Occupation (Required)	City, State, Zip Code		\$
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name	The second secon		\$
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Cemier Entertainment LCC 8/28/2/ \$ 500 500 Mailing Address 380 Warrenton City, State, Zip Code VICKS burg MS 39/80 -/-/	Occupation (Required)		\$ / 100 00
Other (please specify) Full name Cemier Entertainment LCC 8/28/21 \$ 500 00 Mailing Address Sourcenton Color, State, Zip Code Sourcenton City, State, Zip Code Sourcenton City, State, Zip Code Sourcenton Cocupation (Required) Sourcenton Sourcenton	D. Source: OCorporation OPAC OIndividual OLoan	•	Amount of each
Mailing Address Mailing Address			this period
1380 Warrenton Kd	Fremier Entertainment LLC	8128121	\$ 500.00
VICKS burg MS 59180 / \$ Name of Employer (Required) // \$ Occupation (Required) Aggregate \$ 500.00	1380 Warrenton Rd.	_'_'_	\$
Occupation (Required) Aggregate \$ 500 00	Vicksburg, MS 39180	_'_'_	\$
Occupation (Required) Aggregate \$ 500 00	Name of Employer (Required)	//	\$
year-to-date Job /	Occupation (Required)	Aggregate year_to-date	

Name of Candidate or Committee	2	asey	Eure	Camp	9154
Reporting period	1-21	th	rough	12-31	-21

A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(1410., Day, Tear)	this period
Full name Hard Rock Casino	8128121	\$ 1,000.00
Mailing Address 777 Beach Blud		\$
City, State, Zip Code RILAXI MS 39530	'	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000 06
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Kent Nicaud	8128121	\$ 1 000 00
Mailing Address	//	\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)		\$
Memorial Hospital	/_/	
Occupation (Required)	Aggregate year–to-date	\$1,000,00
C. Source: Ocorporation OPAC OIndividual OLoan	D-4-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)		
Full name Jonathan Jones Mailing Address	(Mo., Day, Year)	receipt this period
Full name Jonathan Jones Mailing Address 605 Ruc Maupesan † City, State, Zip Code	(Mo., Day, Year)	receipt this period
Full name Jonathan Jones Mailing Address 605 Ruc Maupesant City, State, Zip Code Ocean Springs MS 39564	(Mo., Day, Year)	receipt this period \$ 500
Full name Jonathan Jones Mailing Address 605 Ruc Maupesant City, State, Zip Code Ocean Springs MS 39564	(Mo., Day, Year) 8 / 28/ 21 /// Aggregate	receipt this period \$ 500
Full name Jonathan Jones Mailing Address 605 Ruc Maupesant City, State, Zip Code Ocean Springs MS 39564 Name of Employer (Required) Harrans Casino	(Mo., Day, Year) 8 / 28/ 21 ////	receipt this period \$ 500.
Full name Jongthan Jones Mailing Address City, State, Zip Code Ocean Springs MS 39564 Name of Employer (Required) Harran's Cosino Occupation (Required) D. Source: Corporation OPAC OIndividual OLoan Other (please specify) LLC	(Mo., Day, Year) 8 28 21	receipt this period \$ 500 \$ \$ \$ \$ Amount of each receipt this period
Full name Jonathan Jones Mailing Address Mailing Address City, State, Zip Code Occan Springs MS 39564 Name of Employer (Required) Harrans Casino Occupation (Required) Occupation (Required) Other (please specify) Full name Columbus Communities LLC	(Mo., Day, Year) 8 28 21	receipt this period \$ 500.
Mailing Address Mailing Address City, State, Zip Code Ocean Socing C MS 39564 Name of Employer (Required) Harrans Casino Occupation (Required) Other (please specify) Full name Columbus Communities LLC Mailing Address 12500 Village Ave Eact	(Mo., Day, Year) 8 28 21	receipt this period \$ 500.00 \$ \$ 500.00 Amount of each receipt this period
Mailing Address Mailing Address City, State, Zip Code Occan Sociage MS 39564 Name of Employer (Required) Harrahs Casino Occupation (Required) D. Source: Corporation OPAC OIndividual OLoan Other (please specify) Full name Columbus Communifies LLC Mailing Address 12500 Uillage Ave Eact City, State, Zip Code Mailing Address Syssa	(Mo., Day, Year) 8 28 21	receipt this period \$ 500 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 5,000
Mailing Address Mailing Address Mailing Address City, State, Zip Code Occan Sorings MS 39564 Name of Employer (Required) Harrans Casino Occupation (Required) D. Source: Scorporation OPAC OIndividual OLoan Other (please specify) Full name Columbus Communities LLC Mailing Address 12500 Uillage Ave East City, State, Zip Code	(Mo., Day, Year) 8 28 21	receipt this period \$ 500. \$ \$ 500. Amount of each receipt this period \$ 5 000. \$
Mailing Address Mailing Address City, State, Zip Code Occan Sociage MS 39564 Name of Employer (Required) Harrahs Casino Occupation (Required) D. Source: Corporation OPAC OIndividual OLoan Other (please specify) Full name Columbus Communifies LLC Mailing Address 12500 Uillage Ave Eact City, State, Zip Code Mailing Address Syssa	(Mo., Day, Year) 8 28 21	receipt this period \$ 500 \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500 \$

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Name of Candidate or	Committee	Lasey Cu	ue Lam	Paisy		
Reporting period	1-1-21	through	12-31-3	21		

A. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast	11/2/21	\$ 500,00
Mailing Address 1701 JFK Blud		\$
City, State, Zip Code	1 1	\$
Philadelphia PA 19103 Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ 500 °0
B. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Cornerstone Gov. AFFairs	1115121	\$ 500.00
Mailing Address 800 Maine Ave SW		\$
City, State, Zip Code Washington, DC 20024	_/_/_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cascio Santord Gov, Law Group	1211121	\$ 500,00
Mailing Address 825 N. President ST	_'_'_	\$
City, State, Zip Code Tac Kson Ms 39202		\$
Name of Employer (Required)	'	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cascio Consulting LLC	12/1/21	\$ 500. 06
Mailing Address 685 Hazelton DR		\$
City, State, Zip Code Madison MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Com	ımittee <u> </u>	195e	y Eun	e Campa	169	
Reporting period	1-1-21	/	through	12-31-21	8	

TIDMIZED RECEIT		
A. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WIO., Day, Teal)	this period
Silver Slipper Casino	121/21	\$ 1,000,00
Mailing Address PO Box 3270		\$
City, State, Zip Code	1 1	\$
Name of Employer (Required) Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1.000.00
B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Caesars	1211/21	\$ 1,000,00
Mailing Address One Harrahs Court	_'_'_	\$
City, State, Zip Code /95 Vegas, Nevada 89119	_/_/_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECM Co. PAC	1211121	\$ 500 00
Mailing Address	/ /	\$
City, State, Zip Code		\$
Ridgeland MS 39158 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500,00
D. Source: OCorporation OPAC OIndividual OLoan	year-to-date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name OAG	12/1/21	\$ 250,00
Tourism MS PAC	757 - 7 - 7	
Mailing Address 103 W Washington ST STE B6	_/_/_	\$
Mailing Address 103 W Washing to 1 ST STE B6 City, State, Zip Code, Ridgeland MS 39157		
Mailing Address 103 W Washing For STE B6 City, State, Zip Code,		\$

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Name of Candidate or Committee Lasey Eure Campaigh				
Reporting period 1-1-21 through 12-31-21	, , , , , , , , , , , , , , , , , , , ,			
ITEMIZED RECEIP	Γ S			
		Amount of each		
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	receipt this period		
Full name MS Realtors PAC	12/1/21	\$ 1,000,00		
Mailing Address PO Box 321000	_/_/_	\$		
City, State, Zip Code Flowood MS 32100		\$		
Name of Employer (Required)	_'_'_	\$		
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00		
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Penn National Gaming	1219121	\$ 750,00		
Mailing Address 3980 Howard Hucher PKWV		\$		
City, State, Zip Code LOS Ves GS, NV 89169		\$		
Name of Employer (Required)	_'_'_	\$		
Occupation (Required)	Aggregate year–to-date	\$ 750,00		
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name	12/15/21	\$ 250,00		
Mailing Address PO ROX 1640		\$		
City, State, Zip Code Juckson MS 39215		\$		
Name of Employer (Required)	a/a/a	\$		
Occupation (Required)	Aggregate year-to-date	\$ 250, 00		
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name AT+T	12120121	\$ 500 00		
Mailing Address 111 E Capital ST. STE 6030		\$		
City, State, Zip Code Tackson MS	_'_'_	\$		
Name of Employer (Required)	1 1	S		

Occupation (Required)

\$ 500,00

Aggregate year-to-date

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Name of Candidate or Committee	194	-
Reporting period in ough	/	;
ITEMIZED RECEIP	18	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capital Advocacy group PAC	12 1201 21	\$ 1 000 00
Mailing Address Rox 217		\$
City, State, Zip Code Juckson Ms 39205	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000,00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lenders PAC	12120121	\$ 500.00
Mailing Address PO BOX 24087	a/a/	\$
City, State, Zip Code Jackson MS 39225		\$
Name of Employer (Required)	_'_'	\$
Occupation (Required)	Aggregate year-to-date	\$ 500, 00
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name MS POWER PAC	1213/121	\$ 250.00
Mailing Address PO BOX 4079	·	\$
City, State, Zip Code Chilfport MS 39502		\$
Name of Employer (Required)	a/a/	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Draft Kings	4131121	\$ 1,000,00
Mailing Address 222 Reg Keley ST	_/_/_	\$
City, State, Zip Code BOSton MA		\$
Name of Employer (Required)	1 1	s

Occupation (Required)

000.00

\$

Aggregate year–to-date

	Page			
Name of Candidate or Committee	mpaigh			
Reporting period 1-1-2/ through 12-31-21				
ITEMIZED DISBURSE	EMENTS	\mathbf{S}		
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018		
A. Full name Warrior Homerun Club	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 15625 Lumey Bridge Rd	12/20/21	\$ 1250.00		
City, State, Zip Code Riloxi MS 79532	·	\$		
Purpose of Disbursement (Optional) 5190 Sponsor	Aggregate Year-to-date	\$ 1250,00		
B. Full name Gulf Coast Cernival Association	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 792 A Howard Ave	12/31/21	\$ 475.00		
City, State, Zip Code Biloxi MS 39530		\$		
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$.475.00		
C. Full name Lighthouse Academy for Dystexia	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 610 Word Ave	1014121	\$ 281.00		
City, State, Zip Code OCEAN Springs MS 39564	_/_/_	\$		
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 281,06		
D. Full name ST Patrick Catholic High School	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 18300 ST Patrick Rd	9,10,21	\$ 1800.00		
City, State, Zip Code Biloxi MS 39532	//	\$		
Purpose of Disbursement (Optional) - Sign SPONSOC	Aggregate Year-to-date	\$ 1800. Ob		
E. Full name MS Federation OF Republican Women	Date 1 (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address PO BOX 60	8,10,21	\$ 250.00		
City, State, Zip Code Jackson, MS 39205	//	\$		
Purpose of Disbursement (Optional) SPONSON	Aggregate Year-to-date	\$ 250. °°		
F. Full name Mary Mohoneys	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 110 Rue Magnolia	7,30,21	\$ 649,92		
City, State, Zip Code Biloxi MS 39530		\$		
Purpose of Disbursement (Optional) (On Stituent Dinner	Aggregate Year-to-date	\$ 649. 92		

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Name of Candidate or Committee Laser Eure Ca.	n paign	, , , , , , , , , , , , , , , , , , ,		
Reporting period /-1-2/ through /	2-34-21			
ITEMIZED DISBURSEMENTS				
Disbursements from contributions accumulated Prior to January 1, 2018 or		nuary 1, 2018		
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Friends to Elect Judge Randi Myeller Mailing Address	7, 28, 2)	\$ 200 00		
City, State, Zip Code		\$		
Purpose of Disbursement (Optional)		\$ 000		
Ponation	Aggregate Year-to-date	\$ 250.00		
Always & Forever Flowers	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 10405 Seymour Ave	71/121	\$ 96.30		
City, State, Zip Code BIOXI MS 39540	6128121	\$ 189.40		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 285.70		
C. Full name GO Fund Me (MS Trooper)	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 855 Te Fferson Ave	618121	\$ 562.50		
City, State, Zip Code Red 1100 d CIty CA 94063	_/_/_	\$		
Fundraiser For Fallen Trooper	Aggregate Year-to-date	\$ 562.50		
Cotillian Club OF Gulfport	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address PO BOX 1600	4,1,21	\$ 250,00		
City, State, Zip Code Ou 1 Fp01 + MS	//_	\$		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250,08		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	_/_/_	\$		
City, State, Zip Code	_/_/_	s		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	_/_/_	\$		
City, State, Zip Code	//	\$		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$		